should state Exact statement of OCCUPA-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inker mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be -WRITE

FOR BINDI

MARGIN RESERVED

STATE OF MARYLAND-	CERTIFICATE OF DEATH	2219
1. PLACE OF DEATH	92-0	12/2
County Lucen Cenn	Registration Dist. No	155
Village or City Near Exempton	NoSt,	,Ward
Wing T / Vie	If death occurred in a horpital or institution, give its NAME instead of street sds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Mary U. Blacker	tou	
(a) Residence: No. Nead & Munipiton (Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Window	21. DATE OF DEATH (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Blackiston	22. I HEREBY CERTIFY, That I aller	
6. DATE OF BIRTH (month, day, and year) (0 of 2 2	I last saw her alive on hov, 4 193	32 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pr.m.	
about 90 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8 Trade profession or particular	Paraplegia	Date of onset
kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	arterof Schroses	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et his occuration (month and 19) 11. Total time (yeers) spant in this		
10. Date deceased last worked et this occupation (month and 1924 11. Total time (yeers) spant in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance	
11 13, NAME Richard Squires		
E	Name of operation Date	of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there	0.1
IS. MAIDEN NAME WITKNOWN	23. If death was due to external causes (VIOL ENCE) fill in also the folio	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of Injury	
State or country)	Where did Injury occur?	
17. INFORMANT Source Squares (Address) million ton Med R & H	(Specify city or town, county and Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plece World levelle Date Nov 7 ,193	Nature of injury	
19 UNDERTAKER Sparks and Good	24. Was disease er injury in any wey releted to occupation of deceased	1?
(Address) Chemipton man	If so, specify	
20, FILED hor 5 1936 fr M Stacks	(Signed) to staff	
Registrar.	(Andress) Corumpton	a lag

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance;

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE O

STATE OF MARYLAND	CERTIFICATE C	OF DEATH	12213
DEATH	(33)	Registration Dist. No.	254
ty Mr. Grasswille	ND. (If death occurred in a hospital or institution	on, give its NAME instead of stre	St., Ward et and number)
lence in city of town where death occurred 63 yrs 6	mos. 2 ds. How long in U.S. if of	foreign birth?yrs	mosds.
e: No.M. Grasonille (Usual place of abode)	St., Ward.	If nonresident give city or to	wn and State

County Jule Unive	Registration Dist. No.
Village or City Mr. arasanville	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred 2 yrsmos	27 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME agri Douldi	
(a) Residence: No.M. Grasonnelle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Month (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
Mary 6. Boulden	1 HEREBY CERTIFY, That I attended deceased from 19.1932 to 19.32
1 1010	71 100 79 37
6. DATE OF BIRTH (month, day, and year) (Local Land 1869) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
/3 / 5 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Pullo Volt
9 Industry or business in which	J. J. M. Cogmiles
work was done, as SILK MILL, Jarens	
10. Date deceased last worked at this occupation (month and spent in this spent in this	
year) spent in this occupation (month and year) occupation spent in this	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Success and anne Co	Differ Contributory Causes of Importance.
(State or country)	
13. NAME Samuel Builder	
14. BIRTHPLACE (city or town) dissert anye Co	Name of operation Date of
(State or country) maryland	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Sullan Comme C	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) July Augus C	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17, INFORMANT Mary E. Bruldin	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Organille	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gradmill Date Nec. 2-, 1932	Nature of Injury
19. UNDERTAKER Polt. U. E. adisis	24. Was disease or injury in any way related to occupation of deceased?
(Address) Certifically md.	If so, specify
marshee 1 ,32 Hele Madil	(Signed) Saure Duce M.D.
20. FILED Registrar.	(Address) Julekistanin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 12214
1. PLACE OF DEATH	2 = 3
County July OMes	Registration Dist. No. 2 1 3
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stelf Box	n Orisco
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 18 193 2
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 15. 18-1932	19
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
J.day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession on positivity	Oate of onset
SAWYER, BOOKKEEPER, etc.	Lul Born
W. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	Other Court of Court
12. BIRTHPLACE (city or town) Slevenswelle	Other Centributery Causes of Importance:
(State or country)	
13. NAME / Tandalph Brises 14. BIRTHPLACE (city or town) 10 CM Half	
14. BIRTHPLACE (city or town) 1000 Ataly (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
T 1	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) All Warrant (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT Harriet Mausbury (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL . Served M	Manner of injury
Place Marie Berryung Oste 102 17 , 1952	Nature of Injury
19. UNOERTAKER F. C. Ohomao. (Addiess) (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEOMOV 18, 1327. C. Rosse as Registrar.	(Signed) . C. Homes recal /legistion
All Marie Control	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

und.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows:of importance were as follows: Arteriosclerosis 1915 Attack of evilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

for- tate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
2 v 5	1. PLACE OF, DEATH	12215
7 7	County Lucen Unne	Registration Dist. No. 2.5 4
item of should of OCC	Village or City Grasonville	No. St., Ward
. 50 -	Length of residence in city or town where death occurred 20 yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
Every STANS ement	2. FULL NAME Thomas 6. Bus	Selon
	(a) Residence: No. Grasonnille md	· St. Ward,
	(Usual place of abode)	If nonresident give city or town and State
RECC PP PF	PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
TEXT.	Male White Widowed	(Month) (Day) (Year)
NDIN RMANEN X A C T	5a. H married, widowed, or diversed HUSBAND of (or) WHEE-of	22. I HEREBY CERTIFY. That I attended deceased from
	Thank I are will	7,1922, to / UT 1 ,1037
FOR BI IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$1.2 Pm.
FOR B IS A PE stated E properly ertificate	7 5 7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trade profession or particular	were as follows:
ED HIS pe pe of	8. Trade, profession, or particular kind of work done, as SPINNER, Releved Police	(ereloral)
ERVI VK—T should it may n back	A 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jaemorlay 4 day
SE SH	10. Date deceased last worked at done 11. Total time (years)	
RES VG I AGE that	year) Rnoro occupation yes.	Other Contributory Causes of importance:
N DIN So Icti	12. BIRTHPLACE (city or town) Saltumore (State or country)	Elephanicuses 10%
MARGIN RE UNFADING supplied. AGI a terms, so tha		
e ted d	E St Day 1 C	Name of a section
	(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Barbara Greaves	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Baltinfore	Accident, suicide, or homicide? Date of injury, 19
AINLY, de can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
A B D V	17. INFORMANT Charles And Charles Char	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PI Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Baltemore, Ma Date Mov. 19-, 19.32	Nature of injury
WRITE mation s	19. UNDERTAKER Poff. W. Eddins	24. Wes diseese or injury in eny way related to occupation of deceased?
B. B.	(Address) Centreville md-	If so, specify
w Z	20. FILED 100. 18, 1932 - Telen M. aldridge	(Signed) Damuel Fuel M. D.
P F4	Registrar	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC. 6 1989	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EvenAt V.S.	à		
<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Queen Cinne	Registration Dist. No. 253
Village or City - MC Generes Corner-	ND. St Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John U Parto	ll-
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) While While OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of O	22. / 1 HEREBY CERTIFY, That I attended deceased from
and the state of	- Jan. 9, 1932, to Nov 16, 1932
6. DATE OF BIRTH (month of y, and year) 7. AGE Years Months Days If LESS than	Mast saw have alive on 1,1957; death is said to have occurred on the date stated above, at 1 2 m.
86 8 24 1 day,hrs.	
8 Trade profession or particular	Chrowie Vigliseles Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 192)	
12. BIRTHPLACE (city or town) Ballignone	Other Contributory Causes of importance: Alvular Clistase of Heart
(State or country)	-
13. NAME Thomas Rayroll 14. BIRTHPLACE (city or town) Planting Public	/
14. BIRTHPLACE (city or town) Atmiterior	Name of operation Date of
W 15. MAIDEN NAME & Markey Connected	What test confirmed diagnosis?
15. MAIDEN NAME South South	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
X (State or country)	Where did injury occur?
17. INFORMANT Sprull & Cartoll. (Address) Questintown 1210/	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Granchton Md Date Math 19-, 1932	Nature of injury
19. UNDERTAKER W & Suches (Address) Repeter town me	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 14, 1952 FM Stack Registrar.	(Signed) X Q Q (a C) M. D. (Address) Crawly wa my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PATSICIAN

1832

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1/22/7
1. PLACE OF DEATH	9470
County Lugar Classe	Registration Dist. No. 254
Village or City Luceustown (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Wesley Wo	for
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of DIVORCED (write the word) Male White Marke a d	21. DATE OF DEATH 700. 24 - , 193 2. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) Wife of Maude Mac farlan Worlow	22. I HEREBY CERTIFY, The I attended decaased from 19
6. DATE OF BIRTH (month, day, and year) August 4-1870	I last sew h; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
62 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trede, profassion, or perticular hind of work done as SPINNER	Dato elenset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacassed last worked at this occupation (month and	Augura Pectoris
9. Industry or business In which work was done, as SILK MILL, General Store SAW MILL, BANK, etc	()
O 10. Date decaased last worked at this occupation (month and spent in this	
this occupation (month and year) 720 24 9 3 2 occupation 15 44	
12. BIRTHPLACE (city or town) Hardord Co.	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Practical Co. (State or country) Marisland	
13. NAME W. Henry hlayou. 14. BIRTHPLACE (city or town) Personaghrania	Name of oparation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy? No
15. MAIDEN NAME MASTH a Q. Oarden	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha (l. Garden) 16. BIRTHPLACE (city or town) Harford Co	Accident, suicide, or homicide? Date of Injury 19
(State or country) Mareeland	Whera did Injury occur?
mrs les 711 40 mile.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT / MA CA CO MOTHER MAIN (Addrass)	eposity missist injury societies in insporting in frame, of influence.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Centreville Date 11-27-,1935	Netura of injury
19. UNDERTAKER Poly W. Edding	24. Was disease or Injury In eny way related to occupation of daceased?
20. FILED 11-26, 1932- Nelen M. aledridge	(Signed) W. D. M. D.
Registrar	(Addrass)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ADDITIONAL
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FOR BINDIN

MARGIN RESERVED

V. S. No. ż

6		JF MAR	YLAND-		OF DEF	/ IH	12218
1. PLACE 6	DEATH			(92-0)		h	5-0
County	Jan.	21.			Registration	Dist. No. 2	0.12
Village or C	City City	3, 200	vne	NO. f death occurred in a hospital or institu	tion rive its NAM	St.,	Ward
Length of res	idence in city or town where	death occurred		ds. How long in U.S. if o			
2. FULL NA	ME Hun	reg =	Lange				
(a) Resider			(St. Ward.			
(a) Resider	106. 140.	(Usual place	of abode)	Ward.	If nonresiden	t give city or lown	and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICAT	E OF DEATH	H
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR INVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	11-	7	2002
11/	04	1 km	me		(Month)	(Day)	(Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY	CERTIF	Y. That I atten	ded deceased from
(01) 1112 01		7		No. 3	1937., to	woo.	1932
6. DATE OF BIRTH	(month, day, end year)	/		I last sew h alive on	Nev. 7	, 19.2	death is said
7. AGE Yes	ars Months	Days	If LESS than 1 day,hrs.	to have occurred on the date state			
hoord	0		ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related caus	ses of Importance	Date of onset
8. Trade, profe	ession, or perticular work done, as SPINNER, BOOKKEEPER, etc	ساما		Ol.	1		
SAWYER SAWYER	business in which	rana		- Shows	Journ	m	
kind of of SAWYER 9 Industry or work wa SAW MII 10. Date decease this occur.	s done, as SILK MILL, LL, BANK, etc			Chame	of the	- Karon	¥
16. Date deceas	sed last worked at pation (month and	11. Total t	ima (years) nt in this				
year)		OCE1	ipation	Other Contributory Causes of impo	ortance:		
12. BIRTHPLACE (ci							
(State or cou	ntry)	03					
13. NAME	12						
	E (city or town)			Name of operation		Date	of
(Stete of	r country)			What test confirmed diagnosis?		Wes there	en autopsy?
15. MAIDEN NA 16. BIRTHPLACE	AME .			23. If death was due to external cau			
16. BIRTHPLACE	E (city or town)			Accident, suicide, or homicide?		Date of injury	, 19
- 1 (State of	r country)	,		Where did injury occur?	(Specify city or	r town, county and	State)
17. INFORMANT	William I			Specify whether injury occurred in	n INDUSTRY, in H	OME, or in PUBLIC	PLACE.
18. BURIAL, CREMAT	TION OR REMOVAL		~	Manner of injury			
Place	theburg	Date N	U. 8-, 1932	Nature of Injury			
19. UNDERTAKER	Jum 11	3 0	sas las	24. Was disease or injury in any w		pation of deceased	, Co
(Address)	Casetre	ille	R.J.M.	If so, specify			
20. FILED. MA	9 8 - 10 3 %	PH	(1844:	(Signed) X, J	2 the	سيمو	M. O.
ZV. FILEDJ. J.	ا المالية الم	A-f	Registrar.	(Address)	num	N. en	w

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I			Example II		
The principal cause of deat of importance were as follo		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DLC J Line	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	DETERMANT V	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BULLIERU	July 5,1927	Peritonitis	3 days ago	
	Will to				
Other contributory causes	of importance:		Other contributory causes of importance:	12.	
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. stated EXACTLY. PHYSICIANS Exact statement properly classified. See instructions on back of certificate. AGE should be þe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINLY,

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
Village or City Ceutrevele No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. d 2. FULL NAME St., Ward. (a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State	1. PLACE OF DEATH	12219
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. d 2. FULL NAME (a) Residence: No. (Usual place of abode) (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. d St., Ward.	County Luce Cience	Registration Dist. No. 252
Length of residence in city or town where deeth occurred yrs, mos. ds. How long in U. S. if of foreign birth? yrs, mos. ds. 2. FULL NAME (a) Residence: ND. (Usual place of abode) St., Ward. If nonresident give city or town and State		
2. FULL NAME Clfred Steece (a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State		
(Usual place of abode) If nonresident give city or town and State	2. FULL NAME alfred Green	
(Usual place of abode) If nonresident give city or town and State	(a) Residence: No	Ct Ward
MEDICAL CERTIFICATE OF DEATH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OBADIVORCED (write tha word) 193 V (Month) (Day) (Year)	hale whete married	15 1932
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Belle Israeu 22. HEREBY CERTIFY, That I attended decassed fro	HUSBAND of	The state of the s
6 2 10 10	S DATE OF BIDTH (month day and and Aug . 21-1950	, 10, 10, 19, 19
6. DATE OF BIRTH (month, day, and year) Lee 3 - 8 8 I last saw h. elive on 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above, at 1972; death is sai to have occurred on the date stated above.		
73 10 25- I day,	73 10 35- 1 day,hrs.	
Date of onse	2 Trade application or continues	were as follows: Date of onset
S. Hade, profession, or particular Rind of work done, as SPINNER. Murchault SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL. Say Saw MILL, BANK, etc. 10. Date dacaased last worked at 11. Total time (yeers)	kind of work done, as SPINNER, Merchaut	The training
9. Industry or business in which	9. Industry or business in which	hulling hard hard
9. Industry or business in which work was done, as SILK MILL, Dry Book SAW MILL, BANK, etc	SAW MILL, BANK, etc	Company of the compan
Shall I III	- Conspectation (month and 20811111 1112	Mariona
yaar) occupation Dthar Contributory Causes of Importance:	yaar) occupation	Other Centralery Causes of Importance
12. BIRTHPLACE (city or town)		bind company cases of importance.
(State or country) Delawace		
14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) Name of operation. Date of	13. NAME Eliga 13. Grewe	
14. BIRTHPLACE (city or town) Date of	4 14. BIRTHPLACE (city or town)	Name of operation
What test confirmed diagnosis? West here en anlone w?	(State of Country)	What test confirmed diagnosis? Wes there en aulopsy?
15. MAIDEN NAME Pary 2 av 23. If daath was due to external causas (VIOLENCE) fill in also the following:	15. MAIDEN NAME Mary I ay	
	[16. BIRTHPLACE (city or town)	Accidant, suicida, or homlcide? Dete of injury, 19
Where did Injury occur?	State or country)	Where did injury occur?
17. INFORMANT 4. (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL Menner of injury	18. BURIAL, CREMATION, DR. REMOVAL	Menner of injury
Place Dellevelle Date 100 77, 193 > Natura of Injury	Place Dellevelle Date / Lau 77, 193	
19. UNDERTAKER / Saction / 3 res 24. Was disease or injury in any way related to occupetion of deceased? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		24. Was disaase or injury in any way related to occupetion of deceased?
20. FILED Tov 25, 1932 Thanis S. Bright (Signed) 25, 1932 Thanis S. Bright (Address) (Address) M. I	20. FILED Tor 25, 1932 Marin S. Bright	(Signed) 257, Machine M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC.	July 5,1927	Peritonitis	3 days ago
PAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

1. PLACE OF DEA	тн				
County Que	en Anne			Registration	n Dist. No. 252
Village or Cityn		sburg	(If	No. death occurred in a hospital or institution, give its NAN	St Ward
Length of residence in c	ity or town where de	ath occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsmosds.
2. FULL NAME	Stillbor	n Locke	rman		
(a) Residence: No.		(Usual place	of abode)	St., Ward.	nt give city or town and State
PERSONAL AN	ID STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICAT	E OF DEATH
	Colored		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH Nov emb	er 9, 193 2 (Yeer)
a. If married, widowad, or div	orced				
(or) WIFE of					FY, Thet I ettended dacaesed from
	37		1070		, 19
5. DATE OF BIRTH (month, da 7. AGE Yeers	y, and year) NOV Months		1932	to heve occurred on the data stated ebove, at	
O Teels	Munths	Days	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted car	
			ormin.	were as follows:	Date of onset
8. Trada, profession, or p kind of work done SAWYER, BOOKKE	as SPINNER.	none.			
9. Industry or business in work was dona, as SAW MILL, BANK,	n which SILK MILL, etc	****	•••••	Stollborn (Prem	atura)
10. Deta decaased lest wo this occupetion (mo	onth and	sper	me (yeers) nt In this pation		
DIRTURE (CF (-in				Other Contributary Causes of Importance:	
 BIRTHPLACE (city or town) (Stata or country) 	Mar	yland			
13, NAME N	orman Lo	ckermar	1		
				Neme of operation	
14. BIRTHPLACE (city or to (Steta or country)	Mar	vland		What test confirmed diagnosis?	
15. MAIDEN NAME E	liz Bail			23. If death was due to externel causes (VIOLENCE)	
16. BIRTHPLACE (city or to	own)Mar	yland		Accident, suicide, or homicide?	
7. INFORMANT Moth	w/ Elin	- Locke		Whera did Injury occur?	or town, county and State) HOME, or in PUBLIC PLACE.
(Address)	カマル	Redge	ly md		
18. BURIAL, CREMATION, OR			10 THE 1	Manner of Injury	*********************
Plece		Date	, 19	Natura of Injury	
19. UNDERTAKER(Address)				24. Wes diseese or injury in eny way related to occu	
20. FILED,	19			(Signed)	M. D.

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Example I		Example	H		
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Arterioselerosis	1915	Attack of epilepsy	1	75	I week ago
Chronic interstitial nephritis	1921	Run over by street car	H D	8	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	7 0	C	B days ago
			12 1	17	
			0 0	jam'	
Other contributory causes of importance:		Other contributory causes of im	portance		
Gallstones	May 1,1923	Gastroenteritis	- 10	2	1 year
			94	0	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should shate Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County Lucen Unne	Registration Dist. No. 252
Village or City Mr. Centreville	NoSt.,Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MAKE Victoria	Schuiler
(a) Residence: No. Controville/ R. F. D. Begon Annes	G. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWS	MEDICAL CERTIFICATE OF DEATH
Temale White OR DIVORCED (win the wo	(d) Nov. 30 1932
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Queb. 2-192	9 I last saw h. W. alive on kus - 29 , 19 3 2; death is said
7. AGE Years Months Days If LESS to	
3 3 18 1 day,	I THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Am, between
9 Industry or business in which	all foreset
work was done, as SILK MILL, SAW MILL, BANK, etc	La ma Line day Curation:
O this occupation (month and yeer)	
Q.,,,,	Other Costributory Causes of importance:
12. BIRTHPLACE (city or town)	Rouselland
13. NAME Harry Schuller	
14. BIRTHPLACE (city or town) - Quesas January	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Linda Makrey 16. BIRTHPLACE (city or town) Quality annual.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Sullaw United (State or country)	Accident, sulcide, or homicide?
The Store Sal 1.	(Specify city or town, county and State)
(Address) Cartherlle P. J. W.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Linux Date Date 1,19	Nature of injury
19. UNDERTAKER Pott. W. Eddens	24. Was disease or injury In any way related to occupation of deceased?
(Address) (Perste miller, 70)	If so, specify
20. FILED 12-1-, 19.37- With We Caldin	(Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		11	Example II	
The principal cause of death and re of importance were as follows:	lated causes Date	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC	2 1032	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	ATT V. S July	5,1927	Peritonitis	3 days ago
Other contributory causes of import	tance:		Other contributory causes of importance:	
Gallstones	Mag	y 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	(30)
	County Julean anne	Registration Dist. No. 255
item of should of OCC	Village or City & rumpton	No. St. Wa
W = 0	Length of residence in city or town where death occurred 63 yrs, mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
CORD, Every PHYSICIANS oct statement	2. FULL NAME Marion States	
. = +>	(a) Residence: No Pound tow	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH OV 25 , 193 2 (Month) (Day) (Year)
NDIN RMANEN X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	222 I HEREBY CERTIFY, That I attended deceased fr
	6. DATE OF BIRTH (month, day, end year) March 14th 1869	1 last saw her alive on 25 1932 death is si
R J	7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at
FOR B. IS A PE stated E properly certificate	63 8 // lady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trede, profession, or particular kind of work done, as SPINNER, House mork, Home SAWYER, BOOKKEEPER, etc	Chrome Weplante Dates 100
ERVI VK—TI should it may n back	9. Industry or business in which work was done, as SILK MILL,	
RESERVED G INK—THIS GE should be that it may be ons on back of	9. Industry or business in which work was done, as SILK MILL, Across SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and a second in this occupation).	
RES I	this occupation (month and 3 spent in this 40 yr.	
2 4	12. BIRTHPLACE (city or town) Julean Come Co.	Other Contributory Causes of Importance:
MARGIN UNFADI supplied. n terms, so	(State or country) Maryland	heart,
	13. NAME John States	
T -= 70	13. NAME John States 14. BIRTHPLACE (city or town) Justin Co (State or country)	Name of operation Date of
F 5 5	State or country) Maryland 15. MAIDEN NAME Empire Broth	What test confirmed diagnosis? Wes there an eutopsy?
Y, WITH carefully H in pla		23. If deeth was due to external causes (VIOLENCE) fill In also the following:
LY ca	(State or country)	Accident, suicide, or homicide? Date of Injury, 19
PLAINLY, WI hould be careful OF DEATH in I	17, INFORMANT Wary Clark	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA Should OF Di	(Address) Crampton ma	
E S S S	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
-WRITE mation s CAUSE TION is	Place To Man Date Mov. 27, 1937	Nature of injury
Man man CA	19. UNDERTAKER Sparke and Good	24. Was disease or injury in any way related to occupation of deceesed?
S. N.	(Address) Chempton ma	If so, specify
× ×	20. FILED TYPE 24, 19 9 2 7 1 Slack Registrar,	(Signed) (Address) Completion M.
The Park		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDIA

FOR

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•	- %-		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important.

FOR BINDIN MARGIN RESERVED

V. S. No. 1

ż

SIAIL OF MARYLAI	AND—CERTIFICATE OF DEATH
County Queen Comme	Registration Dist. No. 252
Village or City Centrevell	No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laky Laylow	
(a) Residence: No. (Usual place of abode)	the warmen and of the state of
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Nov 18-193	3 2 I last saw h alive on, 19; death is sald
	to heve occurred on the dete steted above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of onaet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	Still born
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Cuilcuriele, Ma. (State or country)	Other Contributory Causes of importance:
13. NAME Samuel Jaylar	
13. NAME Samuel Saylar 14. BIRTHPLACE (city or town) - December Country (State or country)	Name of operation
15. MAIDEN NAME Blanche Brown	What test confirmed diagnosis? Wes there an eulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Slauche Brown 16. BIRTHPLACE (city or town) Salliumse, M (State or country)	Accident, suicide, or homicide?
17. INFORMANT June Laylan (Address) Contravel mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Proced by Place Pitt 19	Manner of Injury
19. UNDERTAKER Darton Birto (Address) Quelroello, Mid	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Mar 18, 1932 Mauris S. Brig	(Signed) (10 Can Jestice) M.D. (Address) Cantheorite Ved

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 9 1952	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			196

	County	hum an	m	Co	Registration	Dist. No. 25	2
	Village or C	ity Jw. Centres	elle '	ma (1	NoNo	St., E instead of street and	Na Number)
2.	Length of resi FULL NA (a) Residen		wi	yrsmo	ds. How long in U.S. if of foreign birth? St., Ward.	угзп	nos
	PERSON	AL AND STATIST	(Usual plac		lf nonresiden MEDICAL CERTIFICATI	t give city or town and	d State
3.5		4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 2000. (Month)	(Day)	, 193 Z(Yaar)
5a. I	If marriad, widow HUSBAND of	ed, or divorced			· · · · · · · · · · · · · · · · · · ·		```
	(or) WIFE of	-			22. I HEREBY CERT1F		
e D	ATE OF BIRTH		0.10-	-1932			
7. A		month, dey, and year) rs Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at— The PRINCIPAL CAUSE OF DEATH end related causers of ollows:	m.	, death is s
OCCUPATION	SAWYER, Industry or work wes SAW MIL Date decess this occur	sion, or particular rock done, as SPINNER, BOOKKEPER, atc. business in which dona, as SILK MILL, L, BANK, etc. ad last worked at pation (month and	sp	time (yaars) ant in this cupation	Still born -		
}	BIRTIIPLACE (cil		revill	2, md	Other Contributory Causes of importance:		
E	13. NAME 14. BIRTHPLACE (State or	(city or town) 2m	Wing	cherter Cc	Name of operation		
ER	15. MAIDEN NA	00	ah. 6	Parla.	What test confirmed diagnosis?		
프	16. BIRTHPLACE (city or town) (State or country)			23. If death was due to externel causes (VIOLENCE) f Accidant, suicida, or homicide? Where did injury occur? (Specify six o		, 19	
	NFORMANT (Addrass) BURIAL CREMAT	E CLA CO	ele mi	R	Specify whether injury occurred in INDUSTRY, in H	OME, or in PUBLIC PI	ÄCE.
Place Leutroll Deta 17 1932			Manner of injury				
19. (UNDERTAKER (Addrass)	Bacton	Bun		24. Was disease or injury in any way related to occur if so, specify		
20. !	FILED POT	7 ,1932 //	ausin &	Sought -	(Signed) Oard	O rece	1

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Example I		Example II The principal cause of death and related causes Date of onset of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis DC 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 12225
1. PLACE OF DEATH	
0 16 0	Registration Dist. No. 25
county and the	
Village or City Unonlown	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmos ds.
11.105.	
2. FULL NAME famet and	Or W. A
(a) Residence: No. (Vsualblace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	November 3 1932
Temal colored Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of John Joung	Och 16 1932 10 Och 21 1932
JAR 90 186-1	Hast saw har alive on Och 7 1 1952; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS the	to have occurred on the date stated above, at 8,52 Pm.
7. AGE Years Months Days if LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
70 10 /7 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Chronic Bright unknown
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
D. Date deceased last worked at this occupation (month and year).	
	Other Contributory Causes of importance:
(State or country) Legen Gran Co. M.C.	/
1 1	
13. NAME JOHN JAVIN	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? 120 Was there an autopsy? 120
15. MAIDEN NAME Not Ferring 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16, BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country) MUC Priving	Where did Injuty occur?
17. INFORMANT Milliam H. Ellynt	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (All CREMATION, GR REMOVAL)	Manage of individual
Place lich neck Date nov. 6. 19.3.2	Manner of injury
Those A Garand	24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Address)

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Example I	dispersion of the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritônitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year